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SEMS DocID 2332202

FIELD INVESTIGATIONS OF UNCONTROLLED HAZARDOUS WASTE SITES

FIT PROJECT

TASK REPORT TO THE ENVIRONMENTAL PROTECTION AGENCY CONTRACT NO. 68-01-6056

A Preliminary Assessment of
Pigeon Point Landfill
New Castle, Delaware
TDD No. F3-8010-02
EPA No. DE-27

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(Red)**

ecology and environment, inc.

International Specialists in the Environmental Sciences

A Preliminary Assessment of
Pigeon Point Landfill
New Castle, Delaware
TDD No. F3-8010-02
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Presented by
Ecology and Environment, Inc.
Field Investigative Team
Region III



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION III SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Pigeon Point Landfill		B. STREET (or other identifier) 1 Pigeon Point Road	
C. CITY New Castle	D. STATE DE	E. ZIP CODE 19720	F. COUNTY NAME New Castle
G. OWNER/OPERATOR (if known) 1. NAME Operation going to State of New Castle County / Ownership - Delaware on January 1, 1980		2. TELEPHONE NUMBER 302-571-7624	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

County Operated Landfill - Receives waste from many industrial generators including Stauffer, Getty, and Chrysler.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Information received through investigation of another landfill.	K. DATE IDENTIFIED (mo., day, & yr.) 9-4-80
L. PRINCIPAL STATE CONTACT 1. NAME Delaware Department of Natural Resources and Environmental Control - Solid Waste Management Branch - Lisa Hamilton 2. TELEPHONE NUMBER 302-736-5063	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input checked="" type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		ORIGINAL (Red)
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		

C. PREPARER INFORMATION

1. NAME non responsive based on revised scope	2. TELEPHONE NUMBER non responsive based on revised scope	3. DATE (mo., day, & yr.) 11-4-80
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) 187 total/136 in use	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 39 42'N 2. LONGITUDE (deg., min., sec.) 75 32'W	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Six buildings - offices, maintenance and shredder plant.		

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		Waste shredding

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

County landfill accepting municipal and industrial waste.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

*Until November 19, 1980

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE

☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☒ 10. OTHER (specify): Municipal and industrial waste.

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Partial lists available.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
UNKNOWN		UNKNOWN								1500	
											Tons daily
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS	X	(2) HOSPITAL
	(3) POTW			X	(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE				Toluene present-Midnight dumper without permission of facility.		(4) PESTICIDES		(4) FERROUS SMLTG. WASTES	X	(4) MUNICIPAL
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):
							(6) CYANIDE		(6) OTHER (specify):		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Toluene, Paint Pigments, PVC wastes, Metals

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Problems may be due to midnight dumping as is the case with the presence of Toluene.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	XX			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY		XX	UNKNOWN	Shredder subcontractor caught in conveyer.
5. CONTAMINATION OF WATER SUPPLY	XX			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	XX			
8. CONTAMINATION OF SURFACE WATER	XX			
9. DAMAGE TO FLORA/FAUNA				ORIGINAL (Red)
10. FISH KILL				
11. CONTAMINATION OF AIR	XX			
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	XX			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION		XX	UNKNOWN	Numerous small fires at site throughout its life span.
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS	XX			Leachate collection systems discharge to sewer.
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES	XX			
21. MIDNIGHT DUMPING		XX	UNKNOWN	
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☒ 10. OTHER (specify): RCRA-DET 000647784-PP Landfill Neward, DE 19711 / New Castle, DE 19720

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
State Inspection of facility	UNKNOWN	STATE	Periodic Inspections of facility.

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Leachate collection system	UNKNOWN	STATE	Eastern perimeter, leachate to sewer, collection system.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Pigeon Point Landfill
TDD No. F3-8010-02
EPA No. DE-27

SUMMARY and RECOMMENDATIONS

SUMMARY:

The landfill consists of 187 acres of which 136 are being actively landfilled or have previously been filled. The fill rises to a maximum elevation of 62'. The original land surface before fill was 17 to 20 which consisted of some 10+ feet of dredge spoil materials. The waste received at this site is both Municipal and Industrial in nature. The various wastes are disposed of in three major area being a regular fill section (which accepts materials from the shredder plant on site) a sewerage sludge area and an inert materials (debris) disposal area. Sludges will not be accepted at this facility after November 19, 1980.

The facility accepts waste from a large number of Municipal and Industrial haulers (some 400 to 500 trucks per day). Major industrial disposers include Chrysler (paint pigments) Stauffer Chemical and Getty.

The site has some 20 to 30 monitoring wells which range from 12 to 200 feet in depth. A leachate collection system exists for much of the eastern edge of the site. The collected material is disposed of into the sewer system by means of collector pipes. A plan to install a leachate collection system for the western perimeter is at the design stages, but will probably not be completed until 1982 or 83 as it will be incorporated with the construction of a resource recovery facility to be built on site. On the southern perimeter there is an existing open drainage ditch which flows to a leachate collection system in the southeast corner of the fill. Material from the pond is also removed for ultimate disposal to the sewerage system.

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Older landfill areas are partially reclaimed and covered with grass. There are two active faces to this landfill and shredded materials are left uncovered for a considerable amount of time.

As much of the leachate from this site is not collected at this time nor is it going to be for a considerable amount of time and since there is a potential for impacted groundwater used for Industrial and Municipal supplies this site should be investigated more thoroughly.

RECOMMENDATIONS:

Based on information gathered from many sources (including the state file, the United States Geological Survey, the Delaware Geological Survey and the Army Corps of Engineers) groundwater flow under the site is towards centers of high well pumpage to the southwest. As there is a potential for leachate migration from this site, the Environmental Protection Agency should monitor and characterize groundwater and any surface water accepting leachate seeping into them.

This action should include sampling both monitoring wells on site and major production well within half to one mile radius from the site.

Field Trip Report
Pigeon Point Landfill
New Castle, Delaware
TDD No. F3-8010-02
EPA No. DE-27

INTRODUCTION:

FIT III conducted a site investigation on 6 November 1980, for the purposes of completing a Preliminary Assessment on the Pigeon Point Landfill. The FIT III Team consisted of Messrs. Ron Naman and Gregg Crystall. They were accompanied by Mr. Ray Trout of the New Castle County Solid Waste Staff. The time of visit was 9:15 a.m. The weather was clear sky and good visibility. Temperature approximately 55°F.

CONTACTS:

Mr. Ray Trout
Supervisor
Pigeon Point Landfill
New Castle County

(302) 571-~~7624~~
3457

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(Red)

PERTINENT COMMENTS:

Mr. Ray Trout - Landfill site is active. There has been some midnight dumping at the site including an incident involving Toluene. The leachate collection system proposed for the western edge will not be completed for two to three years.

OBSERVATIONS:

The following cursory observations were made during the site visit:

- . Leachate collection/drainage ditches were observed.
- . Two active faces are currently being filled (as shown in Photo 3) and much of the remainder of the site had shredded material on the surface awaiting cover material (as shown in Photo 5).
- . Paint sludge and PVC waste was observed on the site (as shown in pictures 4 and 6)

ACTION ITEMS:

Site should be considered high priority as wells used for industrial and municipal supplies are located down the groundwater gradient to the southwest. High priority sampling and analysis of site including monitoring wells leachate collection ditches and large volume industrial and municipal wells within one mile is appropriate.

FACT SHEET
Pigeon Point Landfill
TDD No. F3-8010-02
EPA No. DE-27

FACT

SOURCE

1. The total of the site is 187 acres, of which 136 are in use.
2. The county facility which has been in operation since 1971 will be transferred to state control January 1, 1981.
3. Total waste recieved is about 1500 tons per day. Source of waste is both municipal (domestic) and industrial.
4. Drums and chemical wastes previously dumped at Tybouts Landfill may have been taken to Pigeon Point. These wastes are generated by Allied Chemical, Stauffer Chemical and the Getty Refinery.
5. Paint sludges presently received at site (from Chrysler) will no longer be accepted after November 19, 1980.
6. Public water supply wells are located within one mile of the site.
7. EPA Potential Hazardous Waste Site ID filled by M. Leonetti (1/20/80) indicated presence of metal sludges, zinc contaminated earth (from NVF Co.) and Bis-Phenol (a) resin (from National Vulcanized Fiber Co.).
8. Leachate collection system on eastern perimeter is pumped out to Wilmington Sewer System. Proposed for western perimeter will not be completed for two to three years.

1. Mr. Ray Trout, Supervisor, Pigeon Point Landfill.
2. Mr. Ray Trout
3. Mr. Ray Trout.
4. EPA memorandum from J. Armao, September 18, 1980.
5. Mr. Ray Trout.
6. State file.
7. State/EPA file.
8. Mr. Ray Trout.

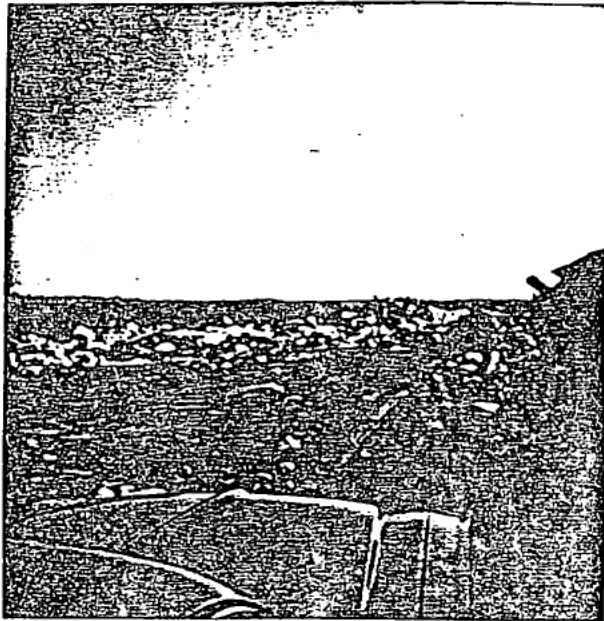
**ORIGINAL
(Red)**

PHOTOGRAPHIC LOG
Pigeon Point Landfill

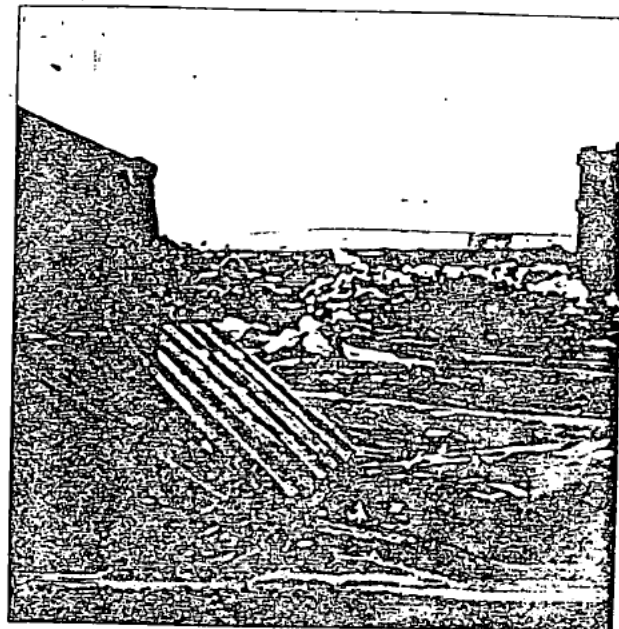
**ORIGINAL
(Red)**

- Photo #1 Looking north - view of inert materials section of landfill.
Time 9:30.
- Photo #2 Looking southwest - view of inert materials section.
Time 9:30.
- Photo #3 Looking west - active (working face) of landfill.
Time 9:34.
- Photo #4 Looking east - southeast - view of paint sludges material.
Time 9:35.
- Photo #5 Looking east - view of shredded refuse disposal area.
Time 9:40.
- Photo #6 Looking northwest - view of PVC waste piles.
Time 9:43.
- Photo #7 Looking south - view of drainage ditch on western perimeter
of site. Time 9:50.

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(Red)



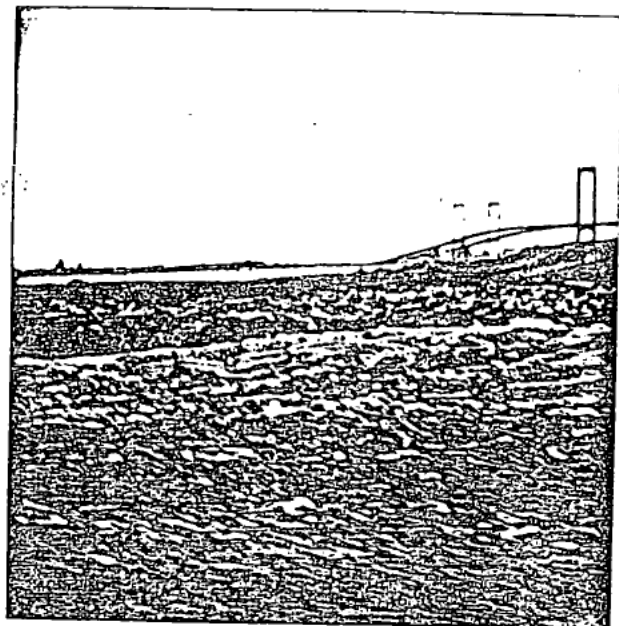
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2.

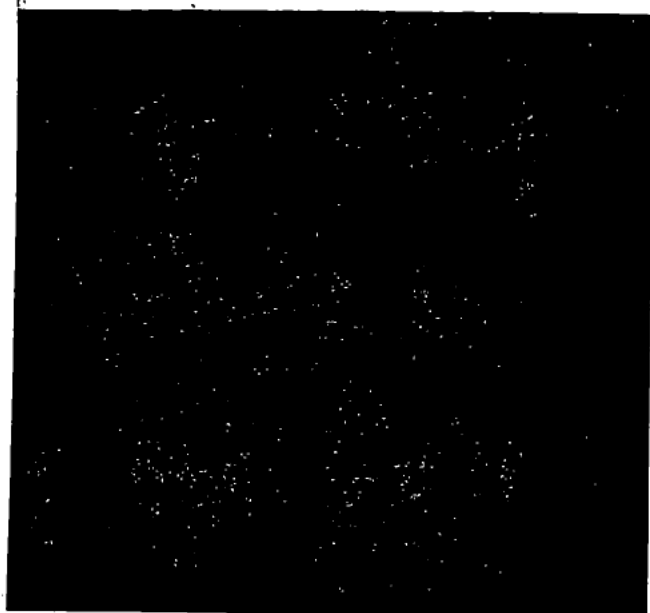


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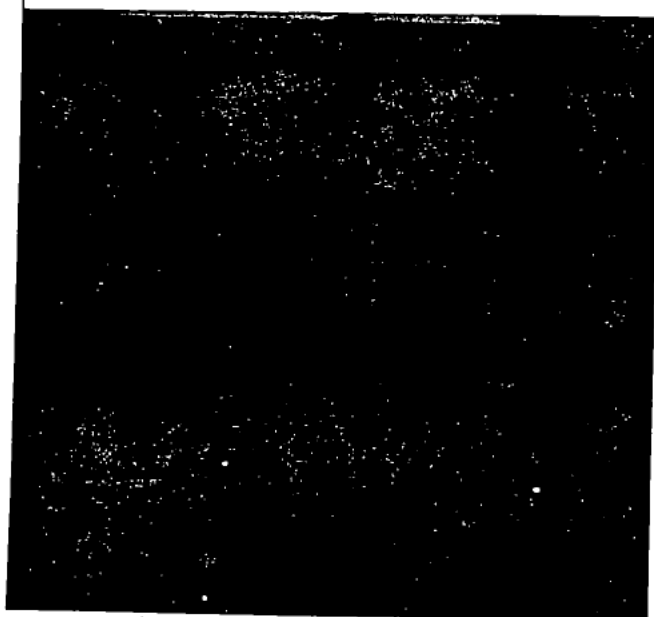
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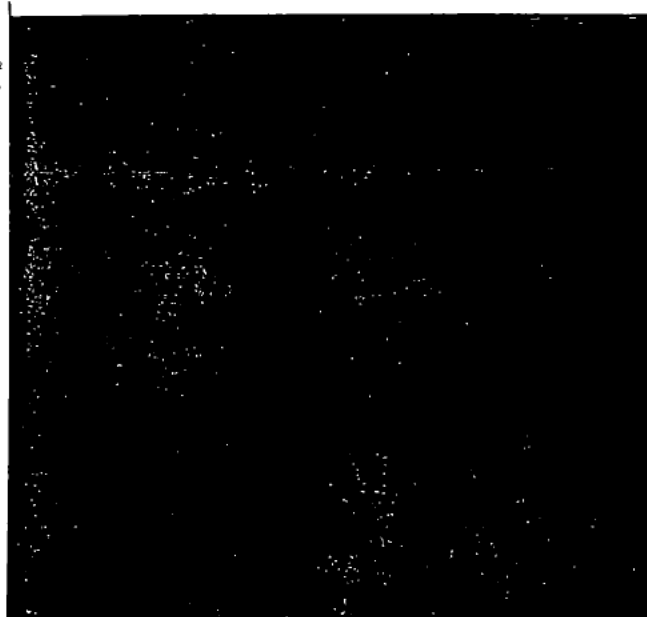
09004524101 001002
1-9:30 Looking north from SW of FH
① INERT MATERIALS SECTION OF
FILL kmw

1.



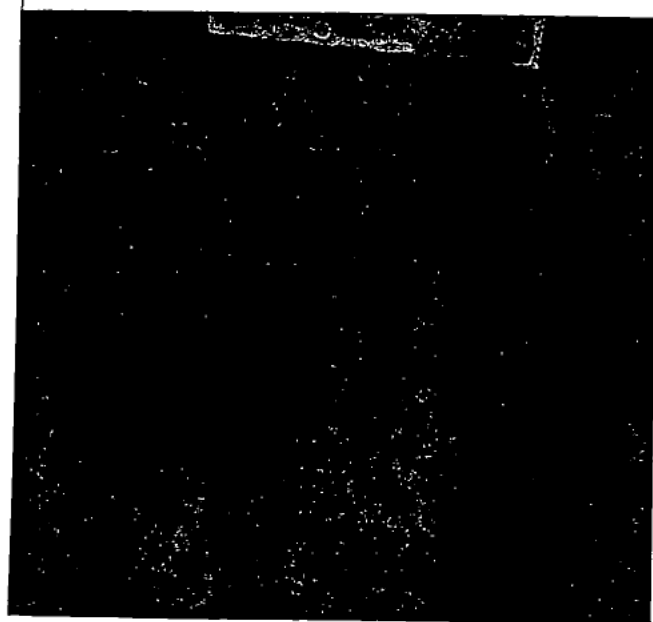
09004524101 001002
2) toward Bridge from SW
9:30
② INERT MATERIALS AREA kmw

2.



3 - active fill just west of bridge
9/34
G.C. ③

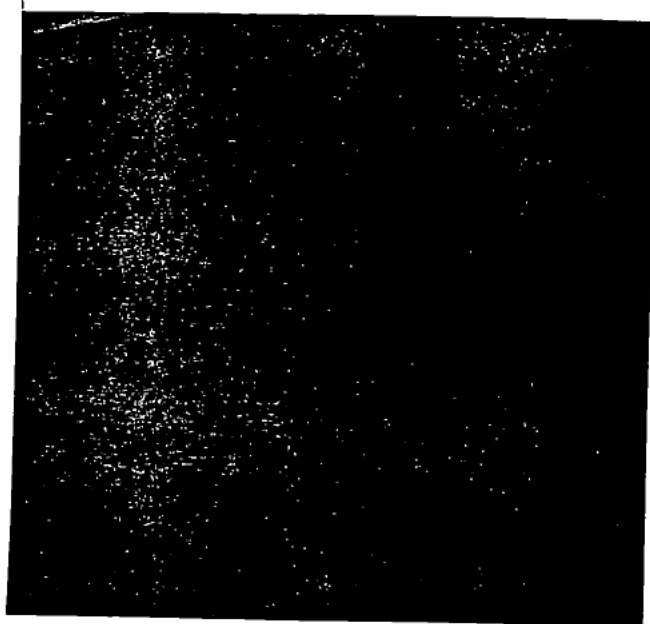
3.



4 - WEST PART - PAINT SLUDGES DEPOSITS
935 ④ kmw

4.

ORIGINAL
(Red)



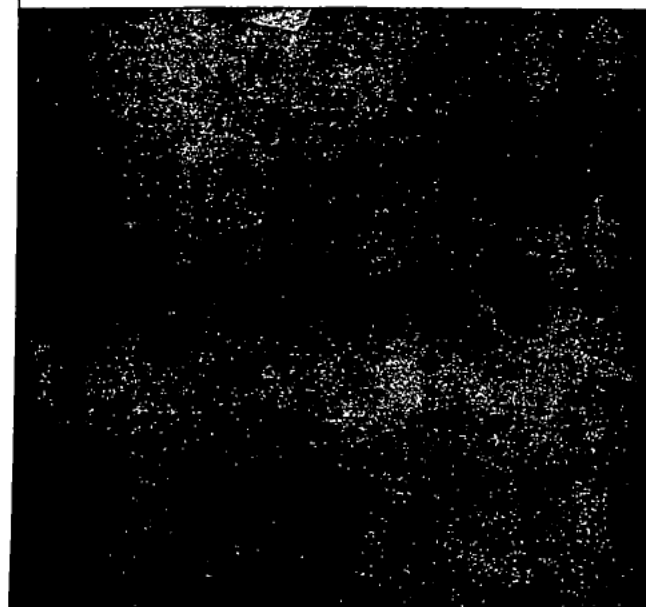
09004524191

1401002

5-shredded refuse
looking towards river

(5) Rmn

5.



09004524191

1401002

6) 9:43 PVC sludge mounds
From BRIDGE VIEWING N-NW

(6) Rmn

6.



09004524191

1401002

7.) 9:50 WESTERN shore
drainage ditch

(7) Rmn

7.

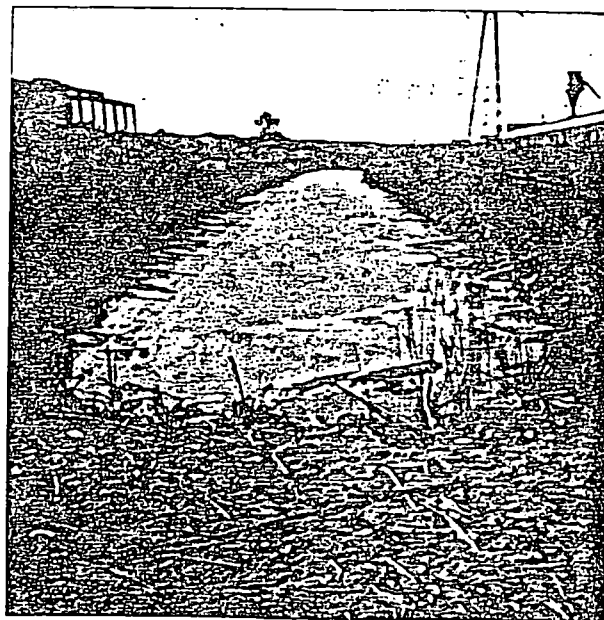
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5.



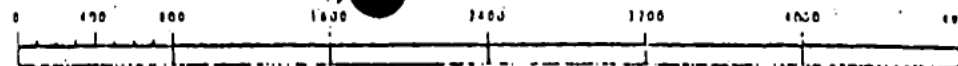
6.



7.

PIGEON PT.

N



(b) (9)
(b) (9)
(b) (9)

N. WELLS
WELLS
ORIGINAL
DIRECTION

Name of Site: Pigeon Point Landfill active inactive & abandoned
 Location: 1 Pigeon Point Road, New Castle, Delaware 19720 inactive (CIRCLE ONE)
 Owner/Operator: New Castle County - going to State January 1, 1981.
 Comments: _____

Prepared By: _____

On November 10 19 80

FACTOR	OBSERVATION
RECEPTORS	
Population within 1000 feet	Unknown
Distance to Nearest Drinking Water Well	Less than 1 mile
Distance to Nearest Off-Site Building	Less than 1/2 mile
Land Use/Zoning	Surrounding area mixed residential and industrial.
Critical Environment	Filled in tidal wetland.
Use of Site by Residents	Unknown
Use of Nearest Buildings	Residential and Industrial
Presence of Public Water Supplies	Public water supplied to much of area - within 1 mile to southwes well field exist
Presence of Aquifer Recharge Area	Potomac formation underlies quaternary deposits at site.
Presence of Transportation Routes	Rte. 40 (Delaware Mem. Bridges crossing) to south and west. Rt. 9 to
Presence of Important Natural Resources	No
Other	
PATHWAYS	
Evidence of Contamination	Yes - Leachate drainage pitches.
Type of Contamination	Unknown - some chloride problems in industrial wells to southwes
Level of Contamination	Unknown
Distance to Nearest Surface Water	Adjacent to site.
Depth to Ground Water	Variable dependent on height of fill-groundwater at 5' above se
Net Precipitation	44.56" per year.
Soil Permeability	Variable - slow to moderate silt to clay material underlying sit
Bedrock Permeability	Relatively impermeable to slow.
Depth to Bedrock	200+ feet
Erosion and Runoff Problems	Moderate slopes may cause runoff problems if not stabilized.
Susceptibility to Flooding	Perimeter area only.
Slope Instability	Yes
Seismic Activity	None
Other	

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WORK SHEET FOR RATING DISPOSAL SITES

FACTOR	OBSERVATION
WASTE CHARACTERISTICS	
Toxicity	Moderately toxic - Toluene
Persistence	Somewhat persistent
Radioactivity	None
Ignitability	Paint sludges and shredded garbage.
Reactivity	Low
Corrosiveness	None Known
Solubility	Unknown - some metals on site.
Volatility	Low to moderate
Physical State	Solid/Sludge
Infectiousness	Not Known
Bioaccumulation Potential	Not Known
Carcinogenicity, Teratogenicity and Mutagenicity	Not Known
Other	
WASTE MANAGEMENT PRACTICES	
Site Security	Fair-Midnight illegal dumping has occurred.
Hazardous Waste Quantity	Unknown
Total Waste Quantity	1500 tons per day
Waste Incompatibility	Unknown
Use of Liners	None - Site underlain by dredge spoils
Use of Leachate Collection Systems	/collection system proposed for Only on eastern perimeter/western perimeter.
Use of Gas Collection Systems	Unknown
Use and Condition of Containers	N/A
Lack of Safety Measures	Unknown
Evidence of Open Burning	None
Dangerous Heat Sources	Unknown
Inadequate Waste Records	Some records missing or incomplete.
Inadequate Cover	Unknown - active site.
Other	

SIA # _____

CONTAMINATION POTENTIAL
(MANUAL FOR EVALUATING CONTAMINATION POTENTIAL OF SURFACE IMPOUNDMENTS)

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NAME/LOCATION PIGEON POINT LANDFILL

ADDRESS NEW CASTLE CO; DEL.

NPDES# SIC 2819*2869 LAT. 39° 42' LONG. 75° 32'

THE CONTAMINATION POTENTIAL IS LOW MODERATE **HIGH** VERY HIGH

NO. OF SITES AGE LINER THICKNESS AREA

UNSATURATED ZONE 7^C-B WATER QUALITY 5-B GROUNDWATER AVAILABILITY 4^C-B

HAZARD OF CONTAMINANT 9-A TOTAL GROUNDWATER CONTAMINATION POTENTIAL 25

ENDANGERMENT TO CURRENT WATER SUPPLIES 6^B-B MONITORING WELLS 0

FREQUENCY OF MONITORING SIGNIFICANT CHANGES IN GROUNDWATER

ADVERSELY

REMARKS:

WILMINGTON

PIGEON POINT SANITARY LANDFILL, PIGEON POINT

SITE IS NOT LOCATED ON PROPERTY OF CHEMICAL PLANT PARTICIPATING IN SURVEY, BUT IS KNOWN TO HAVE BEEN USED FOR DISPOSAL FROM 1969 TO 1979. AT TIME OF USE, SITE WAS PUBLICLY OWNED. SITE IS STILL BEING USED. CHEMICAL COMPONENTS OF WASTE DISPOSED AT THIS SITE INCLUDE ACID SOLUTIONS (WITH PH < 3), BASE SOLUTIONS (WITH PH > 12), HEAVY METALS AND TRACE METALS (BOTH ORGANICALLY AND INORGANICALLY), ORGANICS, INORGANICS AND MISCELLANEOUS WASTE MATERIAL. METHODS OF DISPOSAL INCLUDE MIXED INDUSTRIAL WASTE LANDFILL, CRUSHED WASTE LANDFILL AND LANDFILL IN WHICH MUNICIPAL WASTE IS CO-DISPOSED.

References: Geologic Map No.4-"Geology of the Wilmington Area, Delaware,
& "The Availability of Ground Water in New Castle County,
Delaware.

The site is underlain by the Columbia Formation, which includes gravelly coarse and medium sands, and the Potmac Formation, which consists of silts and clays containing interbedded sands. The water table is about 5 feet from the surface and the saturation is approximately 200 feet thick.

Groundwater is expected to flow in the direction of the Delaware River. The water is generally excellent in quality.

The hazard of contaminant rating is based on the SIC codes, Industrial Inorganic and Organic Chemicals, and the Waste Identification Numbers; 2101-3, Metals Acids, Bases, and Salts.

There do not appear to be any water supply wells, injection wells, or surface impoundments, in the vicinity of the site.

cc: J. Gary Gardner 3AH00
Robert Allen 3AH30
Bruce Smith 3SA30
Abraham Ferdas 3EN10
Benjamin A. Lacy 3WA32

Prepared By: Jeffrey I. Burke *JIB*

Date: November 17, 1980



ORIGINAL
(Red)

DELaware RIVER

Marine
Terminal

Hamilton
Park

PIGEON
POINT
LANDFILL

Pigeon Point

Radio
Tower

Lights

ABOVEGROUND PIPELINE

DELAWARE MEMORIAL BRIDGES

DELaware RIVER

Church Lan

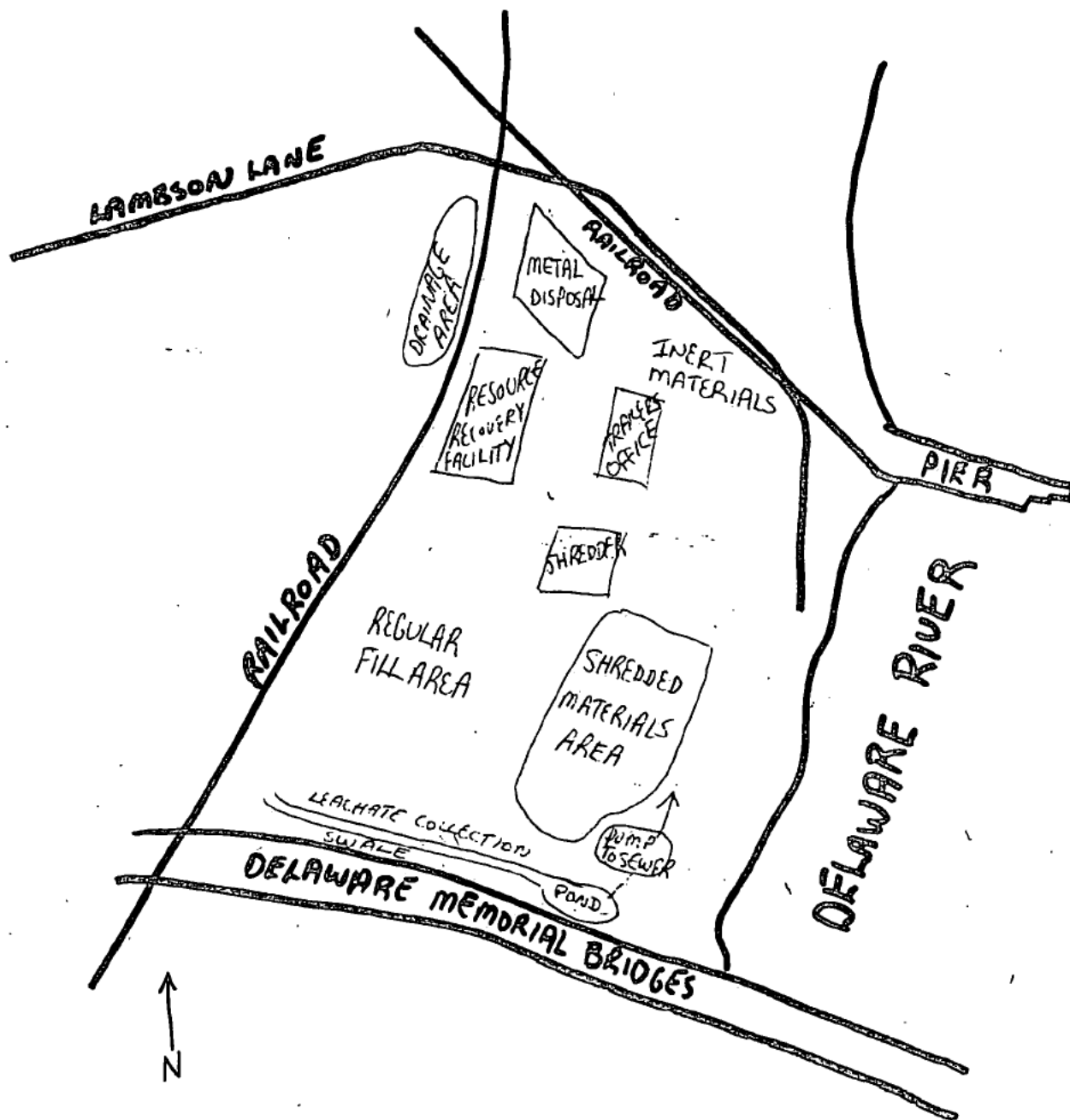


ABEON POINT LANDFILL

TDD. F3-8010-02

DE-27

ORIGINAL
(Red)



DUMPSITE SUMMARY SHEET

1. Name and location of site: PIGEON POINT LANDFILL (F3 8010-02)
1 PIGEON POINT ROAD, NEWCASTLE DELAWARE

ORIGINAL
(Red)

2. EPA Case Number: DE 27

3. Status of Site (Active - Inactive - Abandoned): _____

4. Circle correct descriptions in parentheses:

The site (presently - previously but no longer - never - unknown)

(generates - stores - transports - offers for transport - treats -

disposes of) hazardous waste.

5. RCRA Section 3010 notification - check status:

a. A 3010 notification (has - has not) been filed

b. EPA ID Number: _____

c. Notified as a (generator - TSD facility - both)

6. Describe, or list by four digit numbers shown on RCRA 3010 notification if appropriate, the hazardous wastes handled on site: _____

TOLUENE - MIDNIGHT DUMPING

PVC WASTES

PAINT PIGMENTS

MUNICIPAL GARBAGE

7. Status of case in dump site program:

(PS - PA - SI - TD - FS - Referral - Filed)

8. Brief summary of potential environmental problems associated with the site:

LARGE STATE RUN FACILITY WHICH HAS IN THE PAST ACCEPTED MUCH

INDUSTRIAL AND MUNICIPAL WASTE. SITE OVERLIES AQUIFER USED

AS SOURCE OF WATER SUPPLY

PRELIMINARY SURVEY

DRAFT

24 pgs.

1. SITE NAME: Pigeon Point Sanitary Landfill
- OTHER COMMONLY USED NAMES: _____
2. ADDRESS: Pigeon Point AND/OR LOCATION: Wilmington, Delaware **ORIGINAL (Red)**
3. OWNER(S): New Castle County OPERATORS: _____
4. PERMIT FOR HAZARDOUS WASTE? YES () NO (☒)
- 4a. IF YES, DATE OF LAST INSPECTION? _____
- 4b. IF NO, ANY KNOWLEDGE OF ACTIVITIES AT THE SITE?
- ☐ NO ☒ YES - BRIEF DESCRIPTION: New Castle County Landfill
5. PREVIOUS STATE ACTION? ☒ INVESTIGATION ☐ ENFORCEMENT ☐ NONE
6. PRESENT USE OF SITE? ☒ ACTIVE ☐ INACTIVE
- ☒ RESIDENTIAL - DISTANCE FROM SITE: 1/2 mile 3 pgs
- ☒ COMMERCIAL - DISTANCE FROM SITE: 1/2 mile 2 pgs
- ☒ INDUSTRIAL - DISTANCE FROM SITE: 1000 feet 4 pgs
- ☒ RECREATIONAL - DISTANCE FROM SITE: River on site 10 pgs
7. IS THE SITE ACCESSIBLE? ☒ YES ☐ NO 10 pgs
8. TYPE OF WATER SUPPLY IN AREA?
- ☒ PRIVATE WELLS - DISTANCE FROM SITE None 0 pgs
- ☒ PUBLIC WELLS - DISTANCE FROM SITE 1 mile 0 pgs
- ☒ SURFACE WATER - DISTANCE FROM SITE On site 15 pgs
9. GENERAL TOPOGRAPHY OF THE AREA? Flood plain 10 pgs
10. UNUSUAL OR HIGHLY VULNERABLE GEOLOGIC FORMATIONS AROUND THE SITE?
- ☒ NO ☐ YES - TYPE: _____

(OVER)

11. ASSESSMENT OF ENVIRONMENTAL DAMAGE:

ORIGINAL
(Red) 2004

☒ HIGH ☐ MEDIUM ☐ LOW ☐ UNKNOWN

12. POSSIBLE EPA ASSISTANCE REQUIRED: ☐ NO ☒ YES - TYPE:

☐ LAB FACILITIES ☐ TECHNICAL ASSISTANCE ☐ LEGAL

☐ JOINT INSPECTION ☐ ENFORCEMENT ☒ UNKNOWN AT THIS TIME

PREPARED BY: Kenneth R. Weiss

DATE: November 20, 1979

1. SITE NAME: Pigeon Point Sanitary Landfill
OTHER COMMONLY USED NAMES: _____
2. ADDRESS: Pigeon Point AND/OR LOCATION: _____
Wilmington, Delaware
3. OWNER(S): New Castle County OPERATORS: _____
4. PERMIT FOR HAZARDOUS WASTE? YES () NO (☒)
- 4a. IF YES, DATE OF LAST INSPECTION? _____
- 4b. IF NO, ANY KNOWLEDGE OF ACTIVITIES AT THE SITE?
☐ NO ☒ YES - BRIEF DESCRIPTION: _____
New Castle County Landfill
5. PREVIOUS STATE ACTION? ☒ INVESTIGATION ☐ ENFORCEMENT ☐ NONE
6. PRESENT USE OF SITE? ☒ ACTIVE ☐ INACTIVE 5 pts
☒ RESIDENTIAL - DISTANCE FROM SITE: 1/2 mile 8 pts
☒ COMMERCIAL - DISTANCE FROM SITE: 1/2 mile 2 pts
☒ INDUSTRIAL - DISTANCE FROM SITE: 1000 feet 4 pts
☒ RECREATIONAL - DISTANCE FROM SITE: River on site 10 pts
7. IS THE SITE ACCESSIBLE? ☒ YES ☐ NO 10 pts
8. TYPE OF WATER SUPPLY IN AREA?
☒ PRIVATE WELLS - DISTANCE FROM SITE None 0 pts
☒ PUBLIC WELLS - DISTANCE FROM SITE 1 mile 0 pts
☒ SURFACE WATER - DISTANCE FROM SITE On site 15 pts
9. GENERAL TOPOGRAPHY OF THE AREA? Flood plain 10 pts
10. UNUSUAL OR HIGHLY VULNERABLE GEOLOGIC FORMATIONS AROUND THE SITE?
☒ NO ☐ YES - TYPE: _____

(OVER)

11. ASSESSMENT OF ENVIRONMENTAL DAMAGE:

☒ HIGH ☐ MEDIUM ☐ LOW ☐ UNKNOWN

20pts

12. POSSIBLE EPA ASSISTANCE REQUIRED: ☐ NO ☒ YES - TYPE:

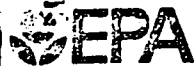
☐ LAB FACILITIES ☐ TECHNICAL ASSISTANCE ☐ LEGAL

JAN 12 1980
(b5a)

☒ JOINT INSPECTION ☐ ENFORCEMENT ☒ UNKNOWN AT THIS TIME

PREPARED BY: Kenneth R. Weiss

DATE: November 20, 1979



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

3

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME PIGEON POINT LANDFILL		B. STREET (or other identifier) PIGEON POINT ROAD	
C. CITY WILMINGTON	D. STATE DEL	E. ZIP CODE	F. COUNTY NAME NEW CASTLE
G. OWNER/OPERATOR (if known) 1. NAME NEW CASTLE COUNTY		2. TELEPHONE NUMBER (362) 571-7624	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION COUNTY OPERATED LANDFILL - WASTES GENERATED BY, INTER ALIA, ALLIED, STAUFFER, AND GETTY ARE DISPOSED OF.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) INFORMATION RECEIVED DURING THE COURSE OF AN INVESTIGATION RELATIVE TO ANOTHER LANDFILL		K. DATE IDENTIFIED (mo., day, & yr.) 9-4-80	
L. PRINCIPAL STATE CONTACT 1. NAME		2. TELEPHONE NUMBER	

II. PRELIMINARY ASSESSMENT (complete this section fast)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			ORIGINAL (Red)
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: WITH SAMPLING OF ANY ON-SITE WELLS WITHIN 1/4 MILE RADIUS AND LEACHATE ALONG BERM AREA. b. WILL BE PERFORMED BY: <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)			
C. PREPARER INFORMATION			
1. NAME ROBERT A. BOORNEY, CIVILIAN INVESTIGATOR		2. TELEPHONE NUMBER 597-0122	3. DATE (mo., day, & yr.) 9-17-80

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) SINCE 1971 <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) UNKNOWN	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): WORK TRAILERS AND ADMINISTRATION BUILDINGS		

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input checked="" type="checkbox"/> 1. PILE		<input checked="" type="checkbox"/> 1. FILTRATION		<input checked="" type="checkbox"/> 1. LANDFILL	
<input type="checkbox"/> 2. SHIP		<input type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input type="checkbox"/> 2. INCINERATION		<input type="checkbox"/> 2. LANDFARM	
<input type="checkbox"/> 3. BARGE		<input type="checkbox"/> 3. DRUMS		<input type="checkbox"/> 3. VOLUME REDUCTION		<input type="checkbox"/> 3. OPEN DUMP	
<input type="checkbox"/> 4. TRUCK		<input type="checkbox"/> 4. TANK, ABOVE GROUND		<input type="checkbox"/> 4. RECYCLING/RECOVERY		<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input type="checkbox"/> 5. PIPELINE		<input type="checkbox"/> 5. TANK, BELOW GROUND		<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input type="checkbox"/> 5. MIDNIGHT DUMPING	
<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. BIOLOGICAL TREATMENT		<input type="checkbox"/> 6. INCINERATION	
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING		<input type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input type="checkbox"/> 8. SOLVENT RECOVERY		<input type="checkbox"/> 8. OTHER (specify):	
				<input type="checkbox"/> 9. OTHER (specify):			

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

UNKNOWN

00000000

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.	
<input type="checkbox"/> (2) METALS SLUDGES		<input type="checkbox"/> (2) OTHER(specify):		<input type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS		<input type="checkbox"/> (2) PICKLING LIQUORS		<input type="checkbox"/> (2) ASBESTOS		<input type="checkbox"/> (2) HOSPITAL	
<input type="checkbox"/> (3) POTW				<input type="checkbox"/> (3) OTHER(specify):		<input type="checkbox"/> (3) CAUSTICS		<input type="checkbox"/> (3) MILLING/ MINE TAILINGS		<input type="checkbox"/> (3) RADIOACTIVE	
<input type="checkbox"/> (4) ALUMINUM SLUDGE						<input type="checkbox"/> (4) PESTICIDES		<input type="checkbox"/> (4) FERROUS SMLTG. WASTES		<input type="checkbox"/> (4) MUNICIPAL	
<input type="checkbox"/> (5) OTHER(specify):						<input type="checkbox"/> (5) DYES/INKS		<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES		<input type="checkbox"/> (5) OTHER(specify):	
						<input type="checkbox"/> (6) CYANIDE		<input type="checkbox"/> (6) OTHER(specify):			
						<input type="checkbox"/> (7) PHENOLS					
						<input type="checkbox"/> (8) HALOGENS					
						<input type="checkbox"/> (9) PCB					
						<input type="checkbox"/> (10) METALS					
						<input type="checkbox"/> (11) OTHER(specify)					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Unknown

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			ORIGINAL (Red)
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X	X	5/13/73	The Compector caught fire, Local Fire co. was called in. A number of other small fires
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS	X			
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): Land fill
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
164112100 (USN)		state	Every six months

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Leachate collection	1978	state	

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

V. WASTE-RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

SEE ATTACHED MEMORANDUM

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	✓			See attached memo
9. DAMAGE TO FLORA/FAUNA				10/4/71 ORIGINAL
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	✓	✓	See attached memo	
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				
SEE ATTACHED MEMO				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): UNKNOWN

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

UNKNOWN

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

UNKNOWN

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

ORIGINAL
(Red)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

UNKNOWN

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME **PIGEON POINT** B. STREET (or other identifier) **LAMBSON LA & PIGEON POINT RD**
C. CITY **NEW CASTLE** D. STATE **DE** E. ZIP CODE **19720** F. COUNTY NAME **New Castle**
G. OWNER/OPERATOR (if known)
1. NAME _____ 2. TELEPHONE NUMBER _____

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

A large county L.F. just north of the Delaware Mem. Bridge

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Eckhardt list

K. DATE IDENTIFIED (mo., day, & yr.)

L. PRINCIPAL STATE CONTACT

1. NAME

Thomas Eickler

2. TELEPHONE NUMBER

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

**ORIGINAL
(Red)**

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

☐ 3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

300 +

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg., min., sec.)

2. LONGITUDE (deg., min., sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

shredding plant.

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

County L.F. since 1971

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):ORIGINAL
(Red)

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

ORIGINAL
(Red)

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
		state	Every six months

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Leachate collection being installed			ORIGINAL (Red)

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

3

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME PIGEON POINT		B. STREET (or other identifier) LAMBSON LA. & PIGEON PT. RD.	
C. CITY NEW Castle	D. STATE DE	E. ZIP CODE 19720	F. COUNTY NAME wilmington
G. OWNER/OPERATOR (if known) 1. NAME City of Wilmington / NEWCASTLE COUNTY HUBERT KENNEY SERVICE OPERATIONS SUPERVISOR Rm 257, 1000 KINGS ST WILMINGTON DEL.		2. TELEPHONE NUMBER MR. RAY TROUT L.F. MANAGER 658-6641 EXT. 420 571-7875	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION
 LARGE County L.F. Sited JUST NORTH OF THE FOOT OF THE DEL. MEM. BRIDGE
 THE SITE IS PLANELY VISIBLE FROM THE BRIDGE

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)
 State Knowledge

K. DATE IDENTIFIED
 (mo., day, & yr.)

L. PRINCIPAL STATE CONTACT

1. NAME
 Tom Eickler

2. TELEPHONE NUMBER

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

ORIGINAL
 (Red)

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
 a. TENTATIVELY SCHEDULED FOR:

☒ 3. SITE INSPECTION NEEDED
 a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME
 MARC LEONETTI

2. TELEPHONE NUMBER
 597-7237

3. DATE (mo., day, & yr.)
 1/30/80

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
 (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

30.7 Acres (Newspaper)
 24 Oct 1974

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg., min., sec.)

2. LONGITUDE (deg., min., sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

weigh station, trailer, Shredding PLANT

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	X	3. OPEN DUMP
X	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

County L.F. 1971

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☒ 8. INERT ☒ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes
JAL/STG
1/15/71

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUT.
X	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES	X	(4) MUNICIPAL
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES	X	(5) OTHER (specify):
							(6) CYANIDE	X	(6) OTHER (specify):		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

350 cu. yds
for zinc only

Zinc-contaminated
EARTH FROM
NVE Co.
YORKLYN, Del. 19736
BIS-PHENOL
(A) RESIN
NATIONAL VULCANIZED
FIBER Co.



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME PIGEON POINT		B. STREET (or other identifier) LAMBSON LA & PIGEON POINT RD	
C. CITY NEW CASTLE	D. STATE DE	E. ZIP CODE 19720	F. COUNTY NAME New Castle
G. OWNER/OPERATOR (if known) 1. NAME		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION A large county L.F. just north of the Delaware Mem. Bridge			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt list			K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME Thomas Eickler		2. TELEPHONE NUMBER	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		ORIGINAL (Red)
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		

C. PREPARER INFORMATION 1. NAME			2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____		
C. AREA OF SITE (in acres) 300 +	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 2. LONGITUDE (deg., min., sec.)	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): shredding plant.		

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

County L.F. since 1971

V. WASTE RELATED INFORMATION

A. WASTE TYPE

- ☒
1. UNKNOWN
- ☒
2. LIQUID
- ☒
3. SOLID
- ☒
4. SLUDGE
- ☐
5. GAS

B. WASTE CHARACTERISTICS

- ☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

- ☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input type="checkbox"/>	(1) PAINT, PIGMENTS	<input type="checkbox"/>	(1) OILY WASTES	<input type="checkbox"/>	(1) HALOGENATED SOLVENTS	<input type="checkbox"/>	(1) ACIDS	<input type="checkbox"/>	(1) FLYASH	<input type="checkbox"/>	(1) LABORATORY PHARMACEUT.
<input type="checkbox"/>	(2) METALS SLUDGES	<input type="checkbox"/>	(2) OTHER (specify):	<input type="checkbox"/>	(2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/>	(2) PICKLING LIQUORS	<input type="checkbox"/>	(2) ASBESTOS	<input type="checkbox"/>	(2) HOSPITAL
<input type="checkbox"/>	(3) POTW			<input type="checkbox"/>	(3) OTHER (specify):	<input type="checkbox"/>	(3) CAUSTICS	<input type="checkbox"/>	(3) MILLING/ MINE TAILINGS	<input type="checkbox"/>	(3) RADIOACTIVE
<input type="checkbox"/>	(4) ALUMINUM SLUDGE			<input type="checkbox"/>		<input type="checkbox"/>	(4) PESTICIDES	<input type="checkbox"/>	(4) FERROUS SMLTG. WASTES	<input type="checkbox"/>	(4) MUNICIPAL
<input type="checkbox"/>	(5) OTHER (specify):			<input type="checkbox"/>		<input type="checkbox"/>	(5) DYES/INKS	<input type="checkbox"/>	(5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/>	(5) OTHER (specify):
<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	(6) CYANIDE	<input type="checkbox"/>	(6) OTHER (specify):	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(7) PHENOLS	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(8) HALOGENS	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(9) PCB	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(10) METALS	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(11) OTHER (specify)	<input type="checkbox"/>		<input type="checkbox"/>	

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				ORIGINAL (Red)
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
		state	Every six months

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Leachate collection		being installed	

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.